Health New England

FULLY FUNDED PLANS ONLY

October 15, 2025

RE: Semi-Annual Notice of Changes

Dear Employers and Brokers:

As part of our commitment to provide affordable access to high quality health care, we continually review the benefits and services offered to our members. As a result, from time to time, we update the coverage we provide and change the way that coverage is administered. We then notify our subscribers and their employers, our brokers, and our contracted providers of these changes. Unless otherwise noted, these changes are effective January 1, 2026.

We have attached a copy of an amendment to the Health New England Explanation of Coverage. We will notify our subscribers of this amendment via postcard. If you have any questions, please call us at (413) 233-3535.

Sincerely,

Lindsey Bubar
Manager, Client Services

Encl: Amendment 01-2026

Health New England complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health New England cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Health New England cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo.

You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free member phone number listed on your health plan ID card, press 0 (TTY: 711). Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan de salud y presione 0 (TTY: 711). Você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para solicitar um intérprete, ligue para o número de telefone gratuito que consta no cartão de ID do seu plano de saúde, pressione 0 (TTY: 711).

Health New England

AMENDMENT 01-2026

This is an Amendment to your Health New England, Inc. Explanation of Coverage (EOC). Please keep this Amendment with your EOC as it changes the terms of that EOC. Any language in the EOC that does not follow the terms of this Amendment no longer applies. This Amendment is effective January 1, 2026, unless noted below.

The EOC is amended as shown below.

Benefit, Program, or Requirement	Description
Removing Coverage of GLP-1 Drugs for Weight Loss	**Prescription Drug Rider** Starting January 1, 2026, the following GLP-1 drugs for weight loss will no longer be covered for Health New England Commercial members: • Saxenda • Wegovy • Zepbound HNE will continue to cover GLP-1 drugs that are FDA-approved to treat diabetes (Trulicity, Ozempic, Mounjaro, etc.). This change goes into effect as follows: • Individual and Small Groups (companies with 50 or fewer full-time equivalent employees): Effective January 1, 2026, GLP-1 medication for weight loss coverage will no longer be covered • Large Groups with less than 100 actively enrolled subscribers: Effective January 1, 2026, upon contract plan renewal, GLP-1 medication for weight loss will no longer be covered • Large Groups with 100 or more actively enrolled subscribers: Effective January 1, 2026, upon contract plan renewal, GLP-1 medication for weight loss will no longer be covered o These groups will have the option to purchase a rider that becomes effective on the group renewal date allowing for continued coverage for GLP-1 medications for weight loss **Effective 1/1/2026**
Prescription Drug Benefits for Chronic Conditions	**Prescription Drug Rider** HNE will cover 1 generic drug and one brand name drug to treat these chronic conditions. • Diabetes • Asthma • Coronary Artery Disease (CAD) • Heart Failure **Clarification**

Benefit, Program, or Requirement	Description
Coverage of Down Syndrome	**Section 3 – Covered Benefits – Autism Spectrum Disorders and Down Syndrome** HNE covers Down Syndrome care. This includes: • Speech therapy • Occupational therapy • Physical therapy • Applied Behavioral Analysis (ABA) **Clarification**
Coverage of Transgender Health Care Services	**Section 3 – Covered Benefits – Gender Affirming Care** HNE continues to cover gender affirming health care to treat gender dysphoria. This is defined in the terms of HNE's Gender Affirming Services Policy. You can find the policy on healthnewengland.org. **Clarification**
Doula Services	**Section 3 – Covered Benefits – Maternity Care** HNE covers doula care. This includes: • Antepartum and Postpartum visits (limited to 16 total hours per pregnancy) • Attendance for support and delivery Deductible will apply for members in High Deductible Health Plans. **Effective 1/1/2026**
Breast Cancer Screenings	**Section 3 – Covered Benefits – Breast Cancer Screening** HNE covers the following services related to breast cancer: • Screening mammograms • Digital breast tomosynthesis • Screening breast magnetic resonance imaging • Screening breast ultrasound • Diagnostic examinations for breast cancer **Clarification**
Hospice and Palliative Care	**Section 3 – Covered Benefits – Hospice and Palliative Care** HNE covers palliative care in addition to hospice care. The goal of palliative care is to improve quality of life for members with a serious illness. This illness can be curable, chronic, or life threatening. **Effective 1/1/2026**

Benefit, Program, or Requirement	Description
Long Term Acute Care (LTAC)	**Section 3 – Covered Benefits – Inpatient Care** HNE covers Long Term Acute Care (LTAC). LTAC hospitals are designed for extended stay members with chronic conditions that no longer need intensive diagnostic care. LTAC hospitals provide specialized care to treat complex medical conditions in patients who require long-term highly skilled nursing and rehabilitation care. **Clarification**
Donor Human Milk and Donor Human Milk-Derived Products	**Section 3 – Covered Benefits – Maternity Care** HNE covers donor human milk and donor human milk-derived products for hospitalized infants up to six months. **Clarification**
Services that Require Prior Approval	**Section 5 – Claims and Utilization Management – Services and Procedures that Require Prior Approval** HNE has moved our list of services that need Prior Approval to our website. Please find the list at https://healthnewengland.org/Providers/Resources .
Notice of Privacy Practices	**Appendix C – Notice of Privacy Practices** HNE has updated our Privacy Practices. **Effective 9/1/2025**

Prescription Drug Coverage- Commercial
Note: Tier 1 – lowest copay level; Tier 2 – mid copay level; Tier 3 – highest copay level
For 5-tier formulary- Tier 4-lowest specialty tier; Tier 5-highest specialty tier

Step Therapy Drug changes effective January 1, 2026:
For Health New England (HNE) to cover the Step Therapy drugs listed here, you first must try the corresponding First Line drugs. If HNE has paid a claim for the First Line drug within the previous 365 days, then you are eligible for coverage of the Step Therapy drug.

The use of samples does not satisfy the requirements of documented usage of a First Line drug or Medical Necessity for a Step Therapy drug.

If it is Medically Necessary for you to use a Step Therapy drug before trying a First Line drug, then your provider can contact HNE to request a medical review.

All new Step Therapy requirements apply only to new prescriptions.

You must try:	**First Line Drugs:**	• colesevelam tablets
Before HNE will cover:	**Step Therapy Drug(s):**	• colesevelam packets
You must try:	**First Line Drugs:**	• mupirocin ointment
Before HNE will cover:	**Step Therapy Drug(s):**	• mupirocin cream
You must try:	**First Line Drugs:**	• ketoconazole topical AND terbinafine cream
Before HNE will cover:	**Step Therapy Drug(s):**	• naftifine cream
You must try:	**First Line Drugs:**	• generic timolol ophthalmic solution
Before HNE will cover:	**Step Therapy Drug(s):**	• timolol ophthalmic gel
You must try:	**First Line Drugs:**	• generic timolol ophthalmic solution
Before HNE will cover:	**Step Therapy Drug(s):**	• timolol once daily ophthalmic

Effective January 1, 2026, GLP-1 drugs for weight loss will no longer be covered. Drugs that will no longer be covered include Saxenda, Wegovy and Zepbound. We will continue to cover GLP-1 drugs that are FDA-approved for diabetes (Trulicity, Ozempic, Mounjaro, etc.).

- As of January 1, 2026, Individual and Small Group members will no longer have coverage for GLP-1 medications for weight loss
- Coverage will end for members of large employer groups with less than 100 actively enrolled subscribers on their 2026 renewal date
- Large employer groups with 100 or more actively enrolled subscribers will have the option to continue coverage as part of their renewal for an additional cost through a rider

Effective January 1, 2026, The Following Drugs Require Prior Authorization Thru Optum

- Tolmetin 400mg capsules
- Tolmetin 600mg tablets

Effective January 1, 2026 the Following Drugs are Not Covered
See Below for Covered Formulary Alternatives

- Clobetasol emulsion foam - Formulary Alternatives: clobetasol foam
- Brilinta- Formulary Alternatives: ticagrelor tablets
- Copaxone- Formulary Alternatives: Glatopa and glatiramer injection
- Desoximetasone gel- Formulary Alternatives: desoximetasone cream and ointment

Prescription Drug Coverage- Commercial

Note: Tier 1 – lowest copay level; Tier 2 – mid copay level; Tier 3 – highest copay level

For 5-tier formulary- Tier 4-lowest specialty tier; Tier 5-highest specialty tier

- Diltiazem ER coated bead tablets - Formulary Alternatives: diltiazem ER capsules
- Flurandrenolide cream- Formulary Alternatives: flurandrenolide lotion and ointment
- Nucort 2% lotion - Formulary Alternatives: hydrocortisone lotion 2.5%
- Metronidazole capsule– Formulary Alternatives: metronidazole tablets
- Naftifine gel 2% - Formulary Alternatives: terbinafine cream, naftifine cream or ketoconazole cream
- Niacin tab 500mg - Formulary Alternatives: niacin ER tablets
- Stelara - Formulary Alternatives: ustekinumab biosimilars

Effective January 1, 2026, the Following Drugs Will No Longer be Covered Under the Medical Benefit
Only Covered Under the Pharmacy Benefit

- Ocrevus
- Ocrevus Zunovo

Effective January 1, 2026, the Following Drugs Are Only Covered for Members 12 and Under

- nitrofurantoin 25mg/5ml oral solution
- ondansetron oral solution

Tier Changes Effective January 1, 2026

Drug Name	Tier before 01/01/2026	Tier on or after 01/01/2026
Betaseron	**Tier 2**	**Tier 3**
Avonex	**Tier 2**	**Tier 3**

Effective January 1, 2026, The Following Drug is now Covered

- Hydrocortisone butyrate 0.1% solution with quantity limit of 60 grams per 30 days